

**Isolated Children's Parents' Association of Australia Inc.**

**"Access to Education"**



## **Comments**

**on**

**Report of the Allied Health Reference Group:**

**Review of the Allied Health MBS items**

**from the**

**Federal Council**

**of the**

**Isolated Children's Parents' Association of Australia Inc.  
ICPA (Aust)**

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## **Background to the Isolated Children's Parents' Association**

The Isolated Children's Parents' Association of Australia, ICPA (Aust), welcomes the opportunity to comment on the *Report of the Allied Health Reference Group: Review of the Allied Health MBS items*.

Since 1971, ICPA (Aust) has represented families living in rural and remote regions of Australia, who are passionate about the sustainability and prosperity of the industries they work in. Research indicates that the ability to access affordable and appropriate educational services plays a major factor in determining if a family will remain in rural and remote locations. The goal for our 2500 member families is to achieve equity of educational opportunity for all children living in rural and remote areas, ensuring they have access to a continuing and appropriate education determined by their aspirations and abilities rather than the location of their home. Remote and isolated locations in Australia provide the greatest challenges for improving provision of education options and pathways for children and families. In terms of educational and social development and to make sure their educational outcomes are not compromised, rural and remote students need the opportunity to receive an education commensurate to their needs allowing them to realise their educational potential and presenting a pathway which provides educational parity with their urban peers.

## **Report of the Allied Health Reference Group: Review of the Allied Health MBS items**

### **Section 6.2 The Role of Telehealth in Allied Health Care**

#### **ICPA recommendation**

That a Medicare Benefits Schedule (MBS) item number be allocated to speech pathology consultations by telehealth, not just for severe speech disorders, but also for any speech disorders which will affect education and wellbeing if left untreated.

Rural and remote students and young children with special learning needs can benefit from access to Allied Health professionals such as speech therapists or occupational therapists, as well as psychologists, audiologists and so on. Telehealth is becoming an increasingly important means of accessing appropriate and timely intervention.

MBS Item numbers for telehealth services can help deliver on one of the MBS Taskforce's key goals: affordable and universal access.

#### **Justification**

1. Research and current practice supports the effective use of telehealth consultations for speech pathology
2. Inequity
3. Education is the greatest predictor of health

#### **Research and practice**

Numerous speech pathologists already use telehealth for consultations with rural and remote clients, and can demonstrate effectiveness. For example a search of Speech Pathology Australia's website for Telehealth practitioners for Primary school age clientele in Qld results in a list of 100 speech pathologists.

Research also supports the delivery of speech pathology consultations by telehealth e.g. *Improving Access to Speech Pathology Services via Telehealth: Submission to the 2014 National Inquiry into the*

*prevalence of different types of speech, language, and communication disorders and speech pathology services in Australia* Prepared by: Professor Deborah Theodoros PhD Co-Director, Telerehabilitation Research Unit Chief Investigator, CRE Telehealth School of Health and Rehabilitation Sciences The University of Queensland <https://www.aph.gov.au/DocumentStore.ashx?id=5188284d-97f9-43fd-ac7e-6703aee48152&subId=205928>

From the Allied Health Reference Group Report in Section 6.2.2: *There is some evidence to support telehealth interventions in allied health care. A recent Australian review of allied health video consultation services found that clinical outcomes have generally been similar to outcomes for usual care.*

### **Inequity**

Face-to-face consultations with speech pathologists have an MBS item number and families can claim under an MBS Item number for up to 5 consultations per year. Rural and remote families can incur significant costs in time, travel and accommodation to attend face-to-face consultations. To paraphrase the Allied Health Reference Group's own rationale:

- An MBS Item number for telehealth speech pathology would increase service provision in remote, regional and rural areas and decrease the need for patients in rural and remote communities to travel (and take time off work) to receive allied health care.
- For providers already providing telehealth services, the recommendation would reduce out-of-pocket fees by allowing rebates for patients and relieve the financial burden on patients who already face the hardships of distance, limited service provision and inequitable access to services.

### **Education as a predictor of health**

Education is a fundamental social determinant of health. Investment in an MBS Item number for the delivery of speech pathology by telehealth to rural and remote children who might otherwise have to forego treatment, will assist their educational attainment and wellbeing and ultimately deliver savings to the health system.